

10/519020

## Application Data Sheet

### Application Information

<b>Application number:</b>	10/519,020
<b>Filing Date:</b>	Not yet known
<b>Application Type:</b>	Regular
<b>Subject Matter:</b>	Utility
<b>Suggested Classification:</b>	
<b>Suggested Group Art Unit:</b>	
<b>CD-ROM or CD-R:</b>	None
<b>Number of CD Disks:</b>	
<b>Number of copies of CDs:</b>	
<b>Sequence Submission?</b>	
<b>Computer Readable Form (CRF)?</b>	
<b>Number of Copies of CFR:</b>	
<b>Title:</b>	METHOD AND APPARATUS FOR SPATIALLY COORDINATING, STORING AND MANIPULATING COMPUTER AIDED DESIGN DRAWINGS
<b>Attorney Docket Number:</b>	RBAR-0005
<b>Request for Early Publication:</b>	No
<b>Request for Non-Publication:</b>	No
<b>Suggested Drawing Figure:</b>	1
<b>Total Drawing Sheets:</b>	31
<b>Small Entity?:</b>	Yes
<b>Latin name:</b>	
<b>Variety denomination name:</b>	
<b>Petition included?:</b>	No
<b>Petition Type:</b>	
<b>Licensed US Govt. Agency:</b>	
<b>Contract or Grant Numbers:</b>	
<b>Secrecy Order in Parent Appl.?:</b>	No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Robert  
**Middle Name:** A  
**Family Name:** Bell  
**Name Suffix:**  
**City of Residence:** Washington  
**State or Province of Residence:** DC  
**Country of Residence:** United States of America  
**Street of mailing address:** 3218 O Street, N.W.  
**City of mailing address:** Washington  
**State or Province of mailing address:** DC  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 20007

## **Correspondence Information**

**Correspondence Customer No.:** 23377  
**Name:**  
**Street of Mailing Address:**  
**City of Mailing Address:**  
**State or Province of Mailing Address:**  
**Country of Mailing Address:**  
**Postal or Zip Code of Mailing Address:**  
**Phone number:**  
**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## **Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This is	An application claiming the benefit under 35 USC 119(e)	60/299,808	June 21, 2001
This is	An application claiming the benefit under 35 USC 119(e)	60/339,707	December 12, 2001

## **Foreign Priority Information**

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
-----------------	-------------------------	---------------------	--------------------------

## **Assignee Information**

**Assignee name:**

**Street of mailing address:**

**City of mailing address:**

**State or Province of mailing address:**

**Country of mailing address:**

**Postal or Zip Code of mailing address:**